Dimples Carson

From:	Rick Bisher
Sent:	Tuesday, September 29, 2020 4:21 PM
To:	Dimples Carson
Subject:	FW: UIMBI Claim# 23840824 - Brandon Wichert

Please put this info in TW and remind me to address this tomorrow. Thanks.

From: Chuck Simons <csimons@rbrlawfirm.com>
Sent: Tuesday, September 29, 2020 4:17 PM
To: Correia, Kellie <KELLIE.CORREIA@LibertyMutual.com>
Cc: Rick Bisher <rbisher@rbrlawfirm.com>
Subject: RE: UIMBI Claim# 23840824 - Brandon Wichert

Hi Ms. Correia,

I handled the workers comp portion of this matter but my law partner, Rick Bisher, is handling the UM portion. I have CC'd him so I am sure he will get back to you soon.

Sincerely,

Charles T. Simons

ATTORNEY AT LAW
Ryan Bisher Ryan & Simons
4323 NW 63rd St., Suite 110
Oklahoma City, OK 73116
Phone: 405-528-4567
Fax: 405-525-2123

From: Correia, Kellie <KELLIE.CORREIA@LibertyMutual.com>
Sent: Tuesday, September 29, 2020 3:55 PM
To: Chuck Simons <csimons@rbrlawfirm.com>
Subject: UIMBI Claim# 23840824 - Brandon Wichert

Dear Mr. Simons,

This matter has been assigned to me for future handling. It is our understanding that the at-fault carrier may not have coverage or possibly have insufficient limits to fully compensate our insured for this matter. As such, we have opened up an Underinsured Motorist claim in anticipation of the possibility that this coverage may be triggered. I am enclosing a copy of the policy for your review. The Underinsured Motorist limits are $1,000,000.

If the at-fault carrier determines that they are accepting liability and do not have sufficient coverage to compensate our insured for their injuries, our insureds may present a claim under the Underinsured Motorist portion of their policy. The Underinsured Motorist portion of the policy requires verification

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that the underlying carrier has tendered their available policy limits. In order to confirm the Underinsured Motorist coverage has been triggered, we will need the following documents:

1. Declaration Page and/or letter from the underlying carrier confirming their policy limits.
2. A copy of the settlement draft for their policy limit.
3. A copy of the signed release for their policy limit.
4. Complete medical records and itemized bills.
5. Photos and repair estimates of both vehicles.

If our insureds are still treating, please advise on the following:
1. Are the insureds Medicare or Medi-Caid recipients? If so, what are their benefit numbers?
2. What accident related injuries were our insureds diagnosed with?
3. What treatment have our insureds undergone thus far? (Example: ER, Chiro/PT, MRIs, Ortho Consult, Pain Management, Epidural Steroid Injections, Surgery)
4. What is estimated total cost of the medical treatment received to date?
5. Are our insureds still treating? If so, what is the recommended/planned course of treatment? (If surgery, please state which surgery.)

If there is coverage available through any other policies, we will require confirmation that the claims have been reported and their coverage has been exhausted or denied. Once our insureds have completed their treatment, please submit the requested information for our evaluation their injury claim. Should you have any questions or comments concerning this letter, please feel free to call or email me. My contact information is below.

Kellie Correia
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